* On MDM hospital, they said it was a bad work (their commander present at interview). Later in the car, they said that the MDM hospital did excellent medical work but that MDM was working under the wrong commander (Amin Wardak).
* On medical support in general, they ask why do 3 month workers at Kalandeh have everything while they, who have trained for 25 months, have nothing.
* On MDM hospital, that they only vaccinate in villages where Amin Wardak has influence.

Shir Mohammad at Sadatkhel knows most everybody in Jaghatoo, but had no comments. Is future diplomat. He says:

* On MDM hospital, that they only vaccinate where Amin Wardak has influence, that they came to Sadatkhel but only stayed one hour, that they left before all the children came for vaccination.
* On the Arabs, that they came full of propositions, but were refused.

Delbar says:

* He knows most of the people in Jaghatoo.
* On the Kalandeh clinic, that they received 1,000 ser of medicine from the Arabs two months ago.
* On MDM hospital, that they came to perform vaccinations in Sayed Abad only at 4 villages where Amin Wardak has relations.

Baht Jamal says:

* That in Jaghatoo somewhere there is an MSH classmate of his, Sayed Abdur Rahman, but he doesn't know where.

Sayed Hazrat (#27 SCA) says he knows the Kalandeh workers, Ghulam Sakhi of IMC, Dr. Sarwar, and Sayed Jamil with SCA of Rashidan.

Dr. Salam Jan of the HIA Hekmatyar clinic in Gorbat (#46 SCA), who is the son of a cousin of Dr. Amin Jan in Eriab, told that Dr. Amin Jan has a work relationship of some nature with Dr. Sarwar. (It was Sarwar's idea to bring us to the clinic of Amin Jan. Both belong to HIA Khalis party.)

VI. VACCINATION IN JAGHATOO

There has been a program of vaccination in Jaghatoo implemented by MDM in conjunction with AVICEN, working out of the MDM hospital of Amin Wardak. Several commanders in Jaghatoo complained that only villages belonging to Amin Wardak received vaccination, while their population would welcome vaccination but MDM hasn't offered to work with them. On the other hand, the other commanders should realize that there are logistical and security considerations that make a widespread program difficult to fulfill given the political animosity in Jaghatoo.

VII. SUMMARY

One central theme that emerges is that the political situation in this region predominates over other considerations in the implementation and management of any program.

Until there is a multilateral consensus among the powers in the Jaghatoo, centralization and coordination of public services including health care will be futile.

Gathering information for planning is not easy. We were in Jaghatoo working for 14 days, and still there are many unanswered questions in regard to the details of practitioner placement and practice.

Although the nature of the information in such a report as this can be sensitive, it is common knowledge in Jaghatoo. In order to be able to plan to intervene in this region, it is necessary to first understand what is there now and who is responsible for what. In Peshawar it is pointless to block this kind of information. Invoking the need for "security" is a self-defeating argument when it is essential to know and understand what is really happening in order to make a program work.

HEALTHCARE PICTURE IN JAGHATU DISTRICT, PROVINCE WARDAK (MAIDAN)

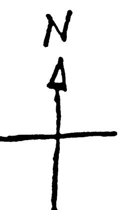
A: GAC Narahu clinic
B: MDM hospital
C: MDM Mama clinic
D: GAC Hamza clinic
E: SCA Band-e-Sultan clinic
F: MSH Kalandeh clinic
G: SCA Gorbad clinic
H: IMC Barghwalai clinic
I: SCA Sadatkhel clinic
J: SCA Ganda Qul clinic
K: Dr. Amin Jan in Eriab
L: MSH Sheikh Ali clinic

—·— : district limits

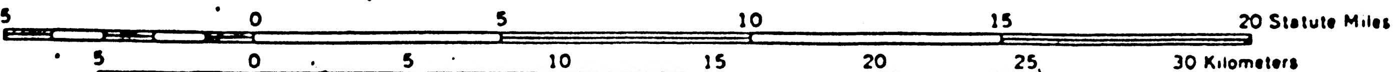

: mountains


: villages


: healthfacility



Scale 1:250,000



A MICROCOSM OF HEALTH CARE IN AFGHANISTAN

THE PICTURE OF HEALTH CARE IN JAGHATOO, WARDAK

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VII. SUMMARY

The time has come when the cross-border health care committees in Peshawar and Quetta are trying to define what is happening with health care delivery in Afghanistan. Certainly the description will vary district to district in a place as heterogeneous as Afghanistan, and in fact it is pointless almost to approach a description on a nationwide level.

The worst areas are characterized by anarchy in health. It is one such place, Jaghatoo, that is here scrutinized under the CMC looking glass. Other places in Afghanistan may be more complicated to understand in regard to health care delivery, but we doubt it.

I. DESCRIPTION OF THE DISTRICT

IDENTIFICATION

Jaghatoo is actually an alaqadari, or sub-district, that before the war was administered by the uluswali of Chak to the north. Jaghatoo, Chak, and Sayed Abad to the east comprise the region known as Wardak, which forms the southern portion of Maidan province. This region is Pushto, although further to the west of Wardak the people are Hazara. In common usage, the names Maidan and Wardak are used interchangeably in reference to the province.

Jaghatoo is a dry plain bordered by mountains. It includes some 200 villages with a total population of 35,000-40,000. There are almost no refugees who have left the region. Displaced families share a house with another family.

The former administrative center of Jaghatoo was near Kalandeh village at a place called Alaqadarik.

There is no bazaar in Jaghatoo, only solitary small shops in the villages.

There is an extensive number of dirt roads in the district, so that all of Jaghatoo is accessible by car.

AGRICULTURE

Before the war, most cultivated land was irrigated land. Depending on the place, total available agricultural land was 50 to 95% irrigated (aabi) and the rest non-irrigated (lalmi). The lalmi land mostly supports wheat and barley. The aabi land supports mostly wheat and barley, and also potatoes, corn, beans, a few other vegetables, apples, grapes, and green feed for livestock.

Now 60-70% of former agricultural land has fallen into disuse. The water supply has been disturbed due to war. Reportedly, only one in ten karezes (natural wells) is still supplying water. The most severe effect has been on the supply of green feed for livestock because available land is farmed for food for human consumption. Consequently the cattle and sheep population in Jaghatoo is drastically reduced, the animals having been sold or eaten.

VITA has a project in Jaghatoo reclaiming dry karezes. At present they provide money to reclaim 28 karezes.

EDUCATION

There are many schools, each supported by one of the parties. No girls are being educated. In some cases school materials are

supplied by outside groups, eg. SCA or the Arabs, but mostly just through the parties. No school is teaching beyond the 6th class.

II. POLITICAL FORCES IN JAGHATOO

Political power and influence is in a continual state of flux. The observations presented here have probably already permutated a bit since this time.

All the seven parties are present in this region:

* NIFA, Modir Ghamai Wardak. Modir is the provincial amir of NIFA. He is an older man from a powerful family in Wardak. Until one year ago NIFA was probably the biggest party here, but since then its influence has waned. Mostly NIFA is strong in the northwest and center of Jaghatoo. Modir is strong in NIFA party, and had spent long service in the King's government before the war.

* HIA Khalis, Maulavi Abdul Mahmood. Amir for the province. He is strong in east and central Jaghatoo. Although influential, he has had to share power with Amin Wardak, who is nephew to Modir Ghamai of NIFA, and who switched party allegiance from NIFA to HIA Khalis in Oct. 87.

* HIA Khalis, Amin Wardak. Commander with base in west Jaghatoo. Is mostly independent of HIA Khalis Amir Maulavi Mahmood. Is relatively young, is educated, and is well known outside of Jaghatoo.

* Harakat-e-Inqelab, Amir Mualavi Abdul Qadim Aghunzada. Base is in south Sayed Abad extending into east and central Jaghatoo. The Arabs are working with Harakat in Jaghatoo.

* Jamiat, Commander Jumma Gul. Small base is in central Jaghatoo.

* HIA Hekmatyar. There is a pocket of HIA-H in the west and another in the north.

* Sayyaf. There is a pocket of Sayyaf in the south.

* ANLF. There is a pocket of ANLF in the south.

The three parties NIFA, HIA Khalis, and Harakat share the bulk of power in Jaghatoo, while the other four maintain rather a small presence.

The central political issue at the time was the conflict between Comm. Amin Wardak and Amir Maulavi Qadim. There had been a territorial dispute between the two fulminating into kidnapping and murder. Maulavi Mahmood is distressed over the conflict and would like to bring the peace, but he has not enough influence to

resolve the problem. NIFA lies outside the conflict, but Modir or course is family to Amin Wardak. The Jamiat people appear to sympathize with Amir Mahmood. The remaining 3 parties appear to steer clear of the fray, although they rather prefer that Amin Wardak not become more powerful.

III. INTRODUCTION TO HEALTH CARE IN JAGHATOO

The health services in Jaghatoo present a wide range of selection when it is "time to see the doctor".

There are 12 clinics operating in the region as confirmed by monitoring. Of these, 11 are supported by committees in Peshawar and one is an Afghan doctor working on his own. There are 8 clinics not confirmed by monitoring that were mentioned by the workers we saw. One of these clinics is reportedly Egyptian-supported. In addition there are 3 shekestebande.

Mention was made of four shops selling medicines, one of which is located in a private practice clinic.

Practitioner training level ranges from no formal training, to 3 months, to 6 months, to 8 months, to 16 months, to graduate of Nangrahar Faculty of Medicine, to graduate of medical school in France.

Quality of facilities and skill level ranges from abysmal to excellent, with most clinics lying on a bell curve in between.

In regard to party sponsorship, only ANLF has no clinic link here.

IV. HEALTH CARE PRACTITIONERS IN JAGHATOO

NOTE: The number in brackets is the CMC mission report ID number
The period of time relates to length of time at this site.

FORMAT:	Clinic	Location	Time at Site
	Party	Local Amir/Comm	
	Personnel		

GAC Clinic (#9) — Narahu mountains — 2 1/2 years
NIFA — Amir Modir Ghamai Wardak

* Dawai Jan, 35 yo, graduate MD Kabul University 1979
* Zayid Noorani, 28 yo, 1 yr training, GAC, 1987
* Mohammad Jan, 27 yo, 1 yr training, Ittehad doctors (UACMD)?, 1987

* Bashir Ahmad, 22 yo, 1 yr training, GAC course, 1987

MDM Hospital   Aghari Murgh   4 years
HIA Khalis   Comm. Amin Wardak
* Expatriate surgical team
* Abdullah Jan, 22 yo, completed FM-1, MRCA training Quetta
* Zarmail, 19 yo, completed MTA(I)
* X-Ray technician
* Jamaluddin, Lab technician
* Other workers present, see MDM

MDM Mama clinic   Ala koh mountain   1 month
HIA Khalis   Comm. Amin Wardak
* Obershmin, 29 yo, MTA(I)

GAC Hamza clinic   Hamza village   1 month
NIFA   Amir Modir Ghamai Wardak
* Sayed Shirin Jan Agha, 25 yo, 8 mo GAC course in 1987

SCA Band-e-Sultan   At Band-e-Sultan dam   2 months
HIA Khalis   Amir Maulavi Mahmood
* Dr. Sarwar, 35 yo, 6 yr medicine Kabul University, 1979
* Karim Khan, 25 yo, 4 mo HIA course at Gorbad
* Ullah Mashad, 26 yo, 4 mo HIA course at Gorbad
* Asmadullah, 22 yo, trained under Sarwar
* Mohammad Umar, 22 yo, trained under Sarwar
* Mohammad Arib, 25 yo, 3 mo ICRC course Quetta, 1987
* Noor Gul, 20 yo, 3 mo ICRC course Peshawar, 1986

NOTE: These 6 rotate two at a time for one month at 3 of Dr.Sarwar's 4 clinics. Also,

* Mohammad Jamil, 29 yo, 1 yr ISRA course Peshawar, 1988

MSH Clinic   Kalandeh village   1 1/2 yrs
Harakat-e-Inqelab   Comm. Mualavi Mohd Omar
* Mohammad Alim, 22 yo, 3 mo MSH, 1987
* Khir Mohammad, 23 yo, 3 mo MSH, 1987
* Janat Gul, 23 yo, 3 mo MSH, 1987

SCA Gorbad clinic   Gorbad mountains   4 years
HIA Khalis   Amir Maulavi Mahmood
* Dr. Sarwar and 2 health workers, see Band-e-Sultan clinic

IMC Barghwalai clinic   Barikol mountains   4 months
Harakat-e-Inqelab   Amir Maulavi Ghulam Sakhi
* Ghulam Sakhi, 25 yo, 8 mo IMC(I)
* Habib-ul-Rahman, 26 yo, 8 mo IMC(4)

SCA Clinic | Mountains S. of Abtala valley | 1 year
Sayyaf | Amir Adam Khan
* Abdul Kadir, 32 yo, 5 mo course Sayyaf party hospital, 1988
* Shawali, 27 yo, 9 mo course Sayyaf party hospital, 1987

SCA Clinic | Sadatkhel village | 6 years
Jamiat | Comm. Jumma Gul
* Abdul Wali, 31 yo, 3 mo course (?), 1985 or 86
* Shir Mohammad, 34 yo, 6 mo ICRC course Quetta, 1985

SCA Ganda Qul Clinic | Sarteb Baba Khel village | 4 months
HIA Hekmatyar | Comm. Eng. Tawis
* Sayed Hazrat, 28 yo, 3 yrs nursing school Kabul, 1981

Independent | Eriab village | 1 month
HIA Khalis | Amir Maulavi Mahmood
* Mohammad Amin Jan, 32 yo, 7 yr medicine Nangrahar Univ, 1982

The following we have heard about but did not monitor:

MSH Clinic | Sheikh Ali village | ?
(Kala Spina village)
NIFA | Amir Modir Ghamai Wardak
* Sayed Rahman, 3 mo MSH

MSH (?) | Durrani village | 10 days
? | ?
* Mawlana, maybe MSH, the people don't know

? | Birishin village | ?
? | ?
* Alam Gul, training unknown, if any

Egyptian Clinic | Malafez village | ?
? | ?
* Unknown Afghan doctor

SCA Clinic | ? | ?
? | ?
* Abdul Aziz, training unknown, if any

Shekestaband ?	Kalai Naw village ?	30 years (Thirty)

* Haji Abdul Rahim, old man

Shekestaband ?	Kush Kara village ?	?

* Sultan Mohammad and his brother, both old men

There is one worker and one clinic alluded to once:
* Mohammad Sharif, other information unknown
* NIFA clinic at Sarteb Bala Khel, worker not known

The existence of these is improbable, but possible.

This completes our investigation of health care activity in Jaghatoo.

V. IN HEALTHCARE, WHO SAYS WHAT ABOUT WHO IN JAGHATOO

NOTE: These are statements, stories, and rumors . . . that may be true or may be false or somewhere in between. Such anecdotes anyway provide a lively idea on the dynamics of the atmosphere.

At GAC Narahu they say:

* On the MDM hospital, that they refer surgical patients there.
* On Ganda Qul, that they know about a clinic there with 2 workers (probably the IMC clinic which used to be there before it moved to Barghwalai 4 months ago).
* On Kalandeh, that there is a clinic that used to be a government building with 2 workers (MSH Kalandeh), and that it is supported by the Arabs.

At MDM, Abdullah Jan says:

* On Dawai Jan at GAC clinic Naharu, that he gave an IV infusion of normal saline to treat hypertension and the patient worsened and came to the MDM hospital.
* On Dawai Jan, that he has only one year of medical training and that if he has a diploma it is surely a false one (this story also comes from Amin Wardak).

* That the GAC clinic initially treated a commander with a BBI (Bullet Blast Injury) to femur, and then referred him to MDM with the wound packed too tightly resulting in occlusion of the femoral artery.

* On Dr. Mohammad Amin Jan at Eriab, that to induce labor he stood on a pregnant woman's stomach, resulting in rupture of the uterus; she came to MDM hospital where the mother and baby died.
* That Dr. Salam of HIA Hikmatyar in Gorbad is family to Dr. Amin Jan and often comes to work in the little fee-for-service clinic.
* On Dr. Sarwar, he says that he is a good doctor but that he sells medicines to shopkeepers and he diagnoses TB without the aid of a microscope.
* On Shukoor with MSH in Wazir Shah, that he saw a child of 5 yr old who was sick with malnutrition and hepatomegaly, that the child was taking 30 different pills, syrups, and injections prescribed by Shukoor. Also the brother of Shukoor, his name Ghafoor, is an MSH worker in the same village.
* On Mohammad Alim (#16 Kalandah) he says that this clinic is the base for Harakat-e-Inqelab and their Arab benefactors. He heard that they will refurbish this good stone building to be a complete facility with laboratory, X-Ray, OR, etc., but that they cannot find trained staff to work there. He only knows that Mohammad Alim is working there, with his 3 months of training. He says they spread rumors against the MDM hospital in hopes that the French team will be expelled from Jaghatoo.

Obershmin says:

* On the GAC clinic at Hamza that he doesn't know who is there working, but that he saw many patients come to him after improper treatment.
* On MSH worker Shukoor in Wazir Shah 1 hour away, that he does private consultations in his house, that he is known as someone who gives IV injections of Vit B and Baralagin, that he is always willing to administer an IV infusion to patients who request it, and that he prescribes a lot of Librax because it is very popular with the people.
* On Kalandeh clinic, that there is an Arab doctor working there since two months ago.
* On the Arabs, that he refused their offer to come and work with them, and that they bribe other workers with free medicine which the workers in turn sell to shopkeepers.
* On Dr. Sarwar, that he received medicine from the Arabs and sold them to shopkeepers (but placed Dr. Sarwar in Ganda Qul, where Dr. Sarwar has no clinic; this may be another worker in Ganda Qul).
* On Dr. Amin in Eriab, that he has a shop of medicines and that he runs a good business there.
* On shekestaband Haji Abdul Rahim in Qala-i-Naw, that he has splinted closed fractures with good result.

Amir Modir Ghamai Wardak says:

* On the GAC Hamza clinic which belongs to him, that there are 4 health workers there trained at different places. In reality there is just the one worker trained by the GAC.

Sayed Shirin Jan Agha at GAC Hamza clinic says:

* That there are two shops selling quite some medicine, one at Lilaa village (1 hr away) and one at Sadatkhel village (3 hr away).

Dr. Sarwar says:

* On Dr. Amin at Eriab, that he studied at Nangrahar University, that he is a good doctor, and that he has a good shop of medicines that he has bought from Kabul, Pakistan, and Iran.
* That he knows a shopkeeper selling medicines at Ganda Qul, his name Abdul Rahim.
* When we interviewed Mohd Alim (#16 Kalandeh), Dr. Sarwar laughed when Alim declared that he was working for MSH-- Sarwar said in Pushto "You work for the Arabs, but now you say you work for MSH". Mohd Alim also laughed uncomfortably.
* The Arabs asked him 2 times to come and work with them offering a salary of 5,000 Pak Rs. per month to work in Tangichak.
* On the MDM hospital, that in a short time 3 operations proved fatal to the patients and now people are afraid to go there.
* On the MDM hospital, he says the Arabs say that the French doctors perform unnecessary amputations.

Mohammad Alim says:

* He knows Ghulam Sakhi (#18 IMC) as a friend.
* He knows Dr. Sarwar as a friend.
* He knows one MDM French surgeon.
* He speaks of an Afghan doctor that works with an Egyptian committee in Malafez.
* He did not mention Obreshmin, but Obreshmin arrived at the clinic when we were there and they were very friendly.

NOTE: We heard a story on 9.9.88 that the clinic at Kalandeh was burned down by the men of Amin Wardak (Obreshmin's amir).

Ghulam Sakhi says:

* On Dr. Sarwar, that he knows him. He also knows of Mohd Alim, Dr. Amin at Eriab, Dawai Jan at GAC clinic, and Obreshmin.

The Sayyaf doctors say:

* They know the Kalandeh clinic and send patients there with prescriptions.
* They know Ghulam Sakhi of IMC, Abdul Aziz of SCA(?), Abdul Wasir of (?), Mohd Sharif of (?), and Abdul Wali of SCA in Sadatkhel.